

## CORRESPONDENCE.

## MEDICAL PROVIDENT SOCIETY.

SIR,—Permit me to express very briefly some views regarding the proposed Medical Provident Society. As a rule, members of our profession, when in active employment, are able to support themselves, and pay a *locum tenens* or assistant, should temporary illness occur. Insurance in a thoroughly reliable accidental office costs a moderate sum. If we enter when young, less than two guineas annually, expended in benefit societies such as the Ancient Order of Foresters, Odd Fellows, Shepherds, etc., will secure a weekly allowance sufficient to pay a *locum tenens*. The large number of members insures their reliability. What we want, as a profession, more especially, is an extension of the "benevolent society" system, whereby provision might be made in *necessitous cases of total disablement or death*.

Comparatively few young medical men can afford to lay by sufficient means to provide adequately for the support of widows and children, either by life-assurance or otherwise. I question if 5 per cent. of us, dying about thirty, could do so; at sixty, it is to be hoped, more than 70 per cent. could. Personally, I would most willingly contribute towards such provision; and I am convinced that the "benevolent" would be more successful financially than the "benefit" society, unless the latter were assured of a wider connection than seems probable. I have often regretted that the existing English benevolent societies did not extend their benefits beyond England; or, if so, that the fact is unknown.

In Scotland, it is compulsory for every licentiate of the national church to contribute to the "Widows' Fund." The same obligation is enforced by many banks and other corporations upon their *employés*. The widows of Scotch clergymen are thus to some extent provided for; and, as there are three scales of payment, it is optional whether a minimum or maximum provision is secured. Why might not medical men do likewise? If every member, or even a large proportion of the members of our Association, agreed to pay about two guineas annually into a fund, to be administered by a committee of the Association; if the moneys were allowed to accumulate for ten years; and if it were understood that every widow and orphan had a legal claim, but conformable to the necessities of their cases and the resources of the fund, the objectionable element of charity would be abolished, and in course of time every case requiring help would be suitably provided for. I have no doubt that the scheme would prove not only popular, but highly useful. It would enlist the sympathies of those who could afford to support their poorer brethren. Nay, it would be more economical for them to subscribe well to such a fund, rather than have the hundred and one calls for individual cases made upon their purses. The improvident man would probably neglect the matter, but many a man fighting uphill would gladly give for such an object, with the knowledge that the benefits were, if not for him, at least for such as his family.

Minor matters, such as age-limit for entrance of members (or if there should be any), the state of health, and proportionate contributions, I do not touch on, but merely indicate what may be regarded as broad outlines.

The project would be much less expensive than life-assurance for the individuals, and much more satisfactory; those who really required could be *all* supported in a very few years after the first ten.

—Yours truly,

A. D. LEITH NAPIER, M.D.

Dunbar, N.B., February 28th, 1883.

SIR,—Will you be so kind as to add my name to the list of those anxious to form a "Medical Provident Society?" I am sure that every member of the profession who is depending on his health for his livelihood, must have long since felt the need of being able to make some such provision in case of illness. I hope soon to see more names from this side of the channel, joining in a scheme which would, I believe, prove an inestimable advantage to the profession in general.—I am, sir, faithfully yours,

THOMAS M. MARTIN.

Piltown, County Kilkenny, April 2nd, 1883.

SIR,—Will you add my name to the list of those willing to form a "Medical Provident Society." Many of us feel the need of such a society. In case of illness it would be difficult to provide a *locum tenens* for a long period—at such a time a cheque every week would be a great blessing. As a body, we are not so provident as we ought to be, as the appeals in the medical journals from time to time

amply prove. It is the duty, at least of every married doctor to, insure his life, and also to join such a society for the benefit of his family, unless he has ample provision, which, unfortunately, many of us have not.—Yours etc.,  
JNO. BROWN, L.R.C.P.Lond.  
Bacup, April 3rd, 1883.

## NINTH LIST.

FURTHER letters of adhesion have been received from the following gentlemen:—

Mr. J. H. Gilmour, Hurstbourne Tarrant; Mr. Thomas Brown, London; Dr. Arthur Sandberg, London; Dr. Leslie B. Trotter, Coleford; Mr. William Owen, Hackney; Mr. C. E. Baker, Tenterden, Ashford; Mr. F. Wallace, Hackney; Dr. F. C. Palmer, Brigg; Dr. P. T. S. Colmer, Yeovil.

We, the undersigned members of the West Somerset Branch of the British Medical Association, wish to have our names added to the list of members who are desirous of establishing a Medical Provident Society:—Engledeu Prideaux, Wellington; Hugh P. Olivey, North Curry; John Meredith, M.D., Wellington; W. L. Winterbotham, Bridgwater; H. W. Randolph, Milverton; Henry J. Alford, M.D. Lond., Taunton; William Hensman, Taunton; W. J. Todd, North Petherton; G. W. Rigden, Taunton; Henry Alford, Taunton; Wm. Kelly, Taunton; Thos. Marsden, Bridgwater; Francis Benj. Parsons, Bridgwater; F. Farmer, Bridgwater; and H. M. Kemmis, Bridgwater.

\*.\* The list is rapidly gaining in numbers; but several hundred adhesions should, we think, be enrolled as a preliminary to practical action, and we shall be glad to continue to receive names.

## COLLECTIVE INVESTIGATION AND NOTE-TAKING.

SIR,—The work of collective investigation, now being undertaken so actively by the Association, naturally points to the value and importance of note-taking. Many surgeons, especially those engaged in general practice, and from whom it is apparently desired to obtain information, are quite unable to keep records of their most interesting and instructive cases, solely from their inability to find time to write them by the ordinary long-hand method; and, therefore, they will be only able to fill up the inquiry cards by *trusting to their memory*. It seems, therefore, to be an appropriate occasion for considering whether this difficulty could not be overcome. It would be appropriate for the committee to examine and compare the different plans already suggested, in order to elicit and publish the one best adapted for economising both time and labour. If all surgeons could and would learn to write shorthand, doubtless the trouble of case-taking would be considerably lessened; yet this solution is clearly impracticable and impossible for men already overburdened with work. Undoubtedly, the cards already issued by the committee will have been found to be a great boon; and, at the same time, will also have illustrated the advantages and facility with which notes can be taken, if only a proper form and system is used. Yet, it is very desirable that other outlines should be prepared, in order that a surgeon may at any time promptly write down the history and condition of any or all the cases he attends. There should be, I imagine, a special one for each *class* of disease, and probably eight or nine would be required, although only a few of them would be necessary for the work of one individual. I am myself in the habit of using three: one for eye cases, one for ear and throat, and another for casualties. Such papers I have found to be invaluable for both private and hospital practice, as they involve but little real additional work, and enable me to recall at a glance the whole antecedents of a case. Four years ago (BRITISH MEDICAL JOURNAL, vol. i, 1879, page 381), Dr. Veale, late of Netley, wrote a most useful and suggestive article, explaining a simple system of notation, by which the chief advantages of phonetic writing could, with very little trouble, be obtained. Having been for some time trying to solve the problem of rapid note-taking, I immediately adopted it, and ever since I have followed his plan of using letters and signs for certain words. I can, therefore, speak of its usefulness after considerable experience; and I think, unless some better and easier one can be found, it deserves to be more universally known and utilised. But this, or any other plan, which suited individual peculiarities, could be adopted, if a slight modification of his note-book was made to suit the exigencies of place and work. Indeed, whatever system of writing—long or shorthand—is used, there is still an urgent need for well arranged outlines, not only to obviate the risks of omission, to which all are liable when pressed for time, but also to secure the notes being placed in such order and position as to enable the surgeon, during the progress of the case, to quickly refer, correct, or

supplement those already made. I am acquainted with, and have collected many different forms of out-patient letters, used at the present time at the London and provincial hospitals, but all appear to me to have serious defects. With a few exceptions, all I have hitherto seen have no arrangement whatever for systematic note-taking, being merely sheets of paper (of all shapes and sizes), with the name of the surgeon or physician and hospital thereon. Most men I know are in the habit of writing out the details of special cases in books, yet there are many evident advantages in having complete notes of the case on the prescription paper, which is at once tendered by the patient upon entering the consulting-room; at least, where many persons are seen, and there is but little time for reference to volumes of manuscript, this would seem to be a necessity for the performance of accurate clinical work. I venture, therefore, to draw the attention of the committee to this subject, feeling sure that, with a proper code of signs, such outlines, if issued under their authority, would greatly stimulate and immensely assist the work Dr. Humphry has inaugurated. These forms would also, by lessening the tediousness of note-taking, encourage it being more frequently undertaken by medical men in general practice; and then, after the lapse of a short time, the committee would have at their command a grand accumulating record of cases, which, it is evident, would be more correct and trustworthy than any otherwise obtained. It is, however, unnecessary for me to point out the importance of this, or to mention the possible discoveries and beneficent results to medical science that might flow therefrom. Should the committee approve of my suggestion, and desire to undertake the work, I may mention that I should be happy to exhibit and explain to them (or to any one else) the forms I am in the habit of using.—Yours truly,

GEORGE ABBOTT.

23, Finsbury Circus, E.C., March 23rd, 1883.

#### MEDICAL REGISTRATION IN AUSTRALIA.

SIR,—As I am sure you desire to be just, even to so distant a medical field as Australia, I have the less diffidence in asking for a little of your valuable space, to correct the one damaging impression which your article on its defective registration of medical men, must give your numerous readers. Things are not so bad as you suggest. In the colony of Victoria, registration is as exact and precise as can be desired; there is little fault to find with the Board of Registration in New South Wales, though, as in your illustration, a cleverly perjured declaration may deceive for a time, only to be detected, however, in the end. The other colonies, I believe, do the best they can to limit medical practice to legally qualified practitioners, though, when we remember that they represent a population less than Liverpool, distributed over an area many times greater than Great Britain, it is easy to see how difficult it may be to prevent quackery and imposition. Indeed, in the more scattered districts it is impossible. There quackery is rampant. But, what is equally true and what I wish to lay stress upon is, that the authorities have, as a fact, established a fairly good barrier of medical registration, whenever its enforcement is practicable, against such impostors; though, from the nature of the case, fraudulent declarations have oftener to be met and defeated than is the case in an old established country like your own.—I am, your obedient servant,

J. W. SPRINGTHORPE.

#### "HOSPITAL SATURDAY" IN LEEDS.

SIR,—In your issue of the 17th instant, p. 322, you give the amount realised by the "Hospital Saturday" movement in Leeds, at £1,493. Will you allow me to say that this most desirable means of aiding the resource of our local charities is still singularly conspicuous by its absence, i.e. as an organised scheme for the benefit of the combined institutions, which has in many towns proved so successful?

The sum you name corresponds with that raised during the year 1881, from the annual contributions of workpeople to the General Infirmary alone, independent of their benefactions, and of the proceeds from donation boxes at the hotels, stations, etc., during the same period—all of which, according to the practice followed in Birmingham and elsewhere, would be included in a "Hospital Saturday" fund.

The Public Dispensary also receives its quota from the workpeople of the town, not reckoned in your total; but the sum falls far short of what its share of a general fund should reach; last year it amounted to £120.

So long ago as January, 1872, when trade was good, and the

"Hospital Saturday" movement was in its infancy, I ventured, in our local Press, to urge its adoption here. I have, on more than one occasion since, taken an opportunity of stating its advantages. Two years ago I obtained information as to its machinery, etc., kindly supplied to me from Birmingham, where such noble sums have been realised. I brought the papers before the notice of the authorities of the Infirmary; but its late respected treasurer, Mr. Wm. Brown, informed me that, after consideration, "the Board did not think it advisable to adopt a similar plan of raising subscriptions for Leeds."

I am told that the operatives at many of the large works would gladly give to other institutions besides the Infirmary, but that they prefer to see the whole of the amount they contribute entered in one large sum, and hence rather object to their donations being divided into several smaller sums on separate subscription lists. Both employers and employed, however, would doubtless willingly consent to the whole of their contributions being handed over to one common fund, for distribution in due proportion; as for instance has for long been the case with our "Hospital Sunday" collections.

The annual number of patients relieved gratuitously by the Public Dispensary is nearly double the total of the General Infirmary; the number of cases visited at their own homes by the staff of the former, often exceeding the number of in-patients of the latter.

I am convinced that—though rather late in the day—ff a "Hospital Saturday" were properly organised in Leeds, a sum could be raised which would eventually realise quite as much, or more, for the Infirmary, and a much more equitable share for our other main local charity, which at present does not receive an amount proportionate to the work it performs.—I am, yours, etc.,

CHAS. J. WRIGHT, Senior Honorary Surgeon  
Leeds, February 24th, 1883. Leeds Public Dispensary.

#### INVALID TRANSIT AT THE WESTMINSTER HOSPITAL.

SIR,—As I have endeavoured since 1874 to impress on our profession the advantages of slinging patients during locomotion, I ask you to kindly publish the following facts.

On February 24th, 1883, I wanted to send a young lad into the country, on whom amputation of the right hip-joint had been performed, and who was slowly but surely losing ground by reason of the discharge arising from pelvic necrosis. The neighbourhood of the acetabulum was encircled by sinuses; and the lad was intolerant of local interference, and of any pressure on the right side or buttock. His home was at Harlington, Middlesex (fifteen miles from town); I therefore ordered one strong horse, and drove my invalid van to the Westminster Hospital. The lad was placed in one of my stretchers on a hair mattress at his bedside, carried down to the van, and slung to its roof by two elastic cord suspenders. The journey occupied two hours and a half; and he was carried into his own home, not only delighted by the drive, but also unhurt by one single jolt or concussion. I personally sat by his swing bed during the whole journey, and gave him sandwiches and port at halfway distance. On the return journey, I lay in the stretcher, and dozed off luxuriously.

I may also remind charitable benefactors that ambulance work was not unknown to the Good Samaritan; for, in addition to other kindly services rendered to the wounded man, "he set him on his own beast and brought him to an inn" (*παροχέειν δέχουαι*, I receive; *πᾶς*, everyone)—a singularly expressive word for a hospital.—I am, sir, your obedient servant,

RICHARD DAVEY,  
Surgeon to the Westminster Hospital.

#### DEATH UNDER CHLOROFORM AT THE GENERAL HOSPITAL, BIRMINGHAM.

SIR,—In connection with this case, which I saw noticed in the JOURNAL of March 10th, I thought it might be of interest if I recorded a fact I have not before seen brought under the notice of the profession; viz., that of a man dying under the influence of chloroform after having, three weeks previously, safely borne the inhalation of ether. This was the case of the man mentioned above. On February 9th of the present year, I placed this patient under the influence of ether, for the purpose of thoroughly examining the tumour, in the presence of Mr. Alfred Baker. I may state that he required a large quantity of ether to take the desired effect, and, while inhaling it, struggled violently, and, after recovering from it, was very sick; but, excepting that, he felt no ill effects from the administration, and walked home. I think this shows an advantage